

11100 Aurora Ave, Bldg 13 Urbandale, Iowa 50322 1-866-282-5817-phone (515) 327-5422-fax

Iowa Prescription Drug Donation Program Donor Participation

Completion of this form meets the requirements to donate prescription medications as part of the prescription drug donation repository program under lowa Administrative Code 641-Chapter 109. Complete and submit this form to the above address or fax to (515) 327-5422. Questions about completing this form may be directed to 1-866-282-5817.

Pharmacy or Medical Facility			
Name — Pharmacy or Medical Facility		Telephone Number	
	State	Zip Code	
Pharmacist, Physician, or Nurse Practitioner		Telephone Number	
Name of Agency/Board Issuing License Number			
"I am the pharmacist, physician, or nurse practitioner in charge of the pharmacy or medical facility listed above. The pharmacy or medical facility is in compliance with all applicable federal and state laws including those related to the storage and distribution of drugs and holds an active non-restricted state issued license in good standing in lowa. I have read the attached rules related to the repository program and agree that this pharmacy or medical facility shall comply with such rules."			
e Practitio	ner Da	ate	
Primary Contact Information			
m Commu	nication	Primary Contact Phone Number	
Primary Email Address		Primary Contact Fax Number	
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Please see attached Prescription Drug Donation Program Rules.